

Step Therapy Edit Criteria Proposal

Drug/Drug Class: **Quinolone Ophthalmic Antibiotic Step Therapy Edit**
 Date: **August 11, 2004**
 Prepared for: **Missouri Medicaid**
 Prepared by: **Heritage Information Systems, Inc.**

☐ **New Criteria**

☒ **Revision of Existing Criteria**

Executive Summary

Purpose: Control pharmacy program prescription costs by limiting the use of quinolone ophthalmic antibiotic drug products as first-line agents in the treatment of ophthalmic bacterial infections

Why was this Issue Selected: Ophthalmic antibiotic ointments, solutions, and suspensions account for 85,784 claims and \$1,652,244 in paid program services from April 2002 to March 2003. Prescription claims for quinolone products accounted for 23% of the total claim volume and 41% of the total paid amounts for all ophthalmic antibiotic products throughout that period. Utilizing reference drugs as first-line agents in the treatment of ophthalmic bacterial infections presents potential cost savings of \$1 million.

Program-specific information:	Drug	Claims	Expense
	<ul style="list-style-type: none"> Bacitracin Products Erythromycin Products Neomycin Products Quinolone Products Aminoglycoside Products Sulfa Products 	2,773 7,623 9,040 19,486 27,084 19,764	\$42,014.53 \$53,965.08 \$149,887.59 \$669,988.62 \$555,254.60 \$180,895.61

04/02 - 03/03

Setting & Population: Medicaid FFS Patients.

Type of Criteria:

<input type="checkbox"/> Increased risk of ADE	<input checked="" type="checkbox"/> Non-Preferred Agent
<input checked="" type="checkbox"/> Appropriate Indications	<input type="checkbox"/>

Data Sources:

<input type="checkbox"/> Only administrative databases	<input type="checkbox"/> Databases + Prescriber-supplied
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Approval Criteria

- **Patient Diagnosis of:**
 1. **Cataract (ICD9 = 366, 743.3), or**
 2. **Glaucoma (ICD-9 = 365)**
- **Cataract Surgery In the past 45 days. CPT Codes:**
 1. **66830**
 2. **66820-66821**
 3. **66982-66984**
- **Prescription Claim With Reference Ophthalmic Antibiotic Product**
 - **Demonstrates adequate trial on reference product**
- **Reference Drug Products:**

Ophthalmic Antibiotic Ointments

Bacitracin Ophthalmic Ointment

Erythromycin Ophthalmic Ointment (Ilotycin[®])

Bacitracin-Polymixin-Neomycin Ophthalmic Ointment (Neosporin[®])

Sulfacetamide Sodium Ophthalmic Ointment (Bleph-10[®], Cetamide[®])

Bacitracin-Polymixin B Ophthalmic Ointment (Polysporin[®])

Bacitracin-Polymixin-Neomycin-Hydrocortisone Ophthalmic Ointment (Cortisporin[®])

Neomycin-Dexamethasone Phosphate Ophthalmic Ointment (Neo-Decadron[®])

Neomycin-Polymixin B-Dexamethasone Ophthalmic Ointment (Maxitrol[®])

Gentamicin Ophthalmic Ointment

Tobrex Ophthalmic Ointment

Tobramycin-Dexamethasone Ophthalmic Ointment (TobraDex[®])

Ophthalmic Antibiotic Solutions and Suspensions

Gentamicin Ophthalmic Solution

Tobramycin Ophthalmic Solution (Tobrex[®])

Sulfacetamide Sodium Ophthalmic Solution (Bleph-10[®], Sulf-10[®])

Neomycin-Dexamethasone Phosphate Ophthalmic Solution (Neo-Decadron[®])

Neomycin-Polymixin B-Gramicidin Ophthalmic Solution (Neosporin[®])

Neomycin-Polymixin B-Dexamethasone Ophthalmic Suspension (Maxitrol[®])

Neomycin-Polymixin B-Hydrocortisone Ophthalmic Suspension (Cortisporin[®])

Neomycin-Polymixin B-Prednisolone Acetate Ophthalmic Suspension (Poly-Pred[®])

Gentamicin-Prednisolone Acetate Ophthalmic Suspension (Pred-G[®])

Tobramycin-Dexamethasone Ophthalmic Suspension (TobraDex[®])



Denial Criteria

- Prescription claim for non-reference ophthalmic antibiotic products with no claim history containing a reference ophthalmic antibiotic product within the past 45 days.
- Prescription claim for non-reference ophthalmic antibiotic products with no supporting ICD-9 or CPT codes.

- **Non-Reference Ophthalmic Antibiotic Product**

Ciprofloxacin HCl Ophthalmic Solution (Ciloxan[®])
Ciprofloxacin HCl Ophthalmic Ointment (Ciloxan[®])
Levofloxacin Ophthalmic Solution (Quixin[®])
Ofloxacin Ophthalmic Solution (Ocuflox[®])
Gatifloxacin Ophthalmic Solution (Zymar[®])
Moxifloxacin Ophthalmic Solution (Vigamox[®])
Norfloxacin Ophthalmic Solution (Chibroxin[®])

Required Documentation

Appropriate Diagnosis
MedWatch form:

X

Progress notes:

Disposition of Edit

- **Denial:** Edit 681 "Step Therapy"

